

Case Number:	CM15-0122727		
Date Assigned:	07/07/2015	Date of Injury:	09/30/2001
Decision Date:	08/06/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 73-year-old male, who sustained an industrial injury on 9/30/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc disease and cervical radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included anterior and posterior cervical decompression and fusion, physical therapy and medication management. In a progress note dated 6/10/2015, the injured worker complains of problems with balance and decreased neck range of motion. Physical examination showed cervical decreased range of motion and normal muscle strength. The treating physician is requesting 12 visits of physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 6 weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This is a 73 yr old male with a date of injury involving his neck 14 years ago. He underwent both anterior and posterior fusion of the cervical spine and has experienced chronic neck pain. The request is for 12 sessions of physical therapy to the neck (2 x 6) for ongoing chronic neck pain. The medical records submitted provide no evidence of worsening of his chronic condition. His loss of range of motion in the neck appears to be unchanged. His muscle strength in his neck was noted as normal. The MTUS guidelines provide for up to 8 sessions of PT for ongoing, chronic problems. The request of 12 sessions exceeds this guideline and is therefore not medically necessary.